Patient Name:	NORMA I. COLLAZO-RAMOS			
Position:	SUPERVISOR			
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A		
Physician's statem	nent:			
The employee has ar 1910.134(e), and unde 29 CFR 1926.1101, N	atient named above. I have also reviewed aswered Medical Evaluation Questionnal ergone a Physical Examination as per Official Section of Asbestos Ruling, and (3)(i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances		
	ied to use a respirator and comply with Asbestos medical standard and Lead al surveillance program. I find the person physically fit to perform general			
<del>_</del>	the person has the following impairment(s) and have noted where the ring accommodations are necessary to perform the job as defined.			
I find the	ne person cannot perform the job as defin	ed.		
Physician's Comments	s: Tdap and suff recommend	uen ge		
Nacing	Meommend	90,		
8/ad	/	19/7/13		
Physician's sign	ature	Date		

Patient Name	e: <u>MELVIN FELICIANO-APONTE</u>			
Position:	SUPERVISOR			
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A		
Physician's s	statement:			
The employee 1910.134(e), at 29 CFR 1926.3	ed the patient named above. I have also reviewed has answered Medical Evaluation Questionnair and undergone a Physical Examination as per OS 1101, Medical Section of Asbestos Ruling, and 1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to	e, Appendix C, OSHA 29 CFR HA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances		
	· ·	alified to use a respirator and comply with Asbestos medical standard and Lead dical surveillance program. I find the person physically fit to perform general rk.		
	find the person has the following impairment(s) and have noted where the llowing accommodations are necessary to perform the job as defined.			
	I find the person cannot perform the job as defined.			
Physician's Co	mments: Id ap and Suffer mmended.	enza vaecues		
	n's signature	)   9/1/3 Date		

Patient Nam	e: <u>GERALDO COLLAZO-RAMO</u>	OS
Position:	SUPERVISOR	
Procedures:	General Physical Examinat X-Ray CBC	ion Spirometry test Lead Blood U/A
Physician's	statement:	
The employee 1910.134(e), a 29 CFR 1926.	ed the patient named above. I have also receive has answered Medical Evaluation Questind undergone a Physical Examination as p.1101, Medical Section of Asbestos Rulin 0.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) to	tionnaire, Appendix C, OSHA 29 CFR per OSHA 29 CFR 1910.134(b)(10) and g, and Toxic and Hazardous Substances
	Qualified to use a respirator and comply we medical surveillance program. I find the pework.	rith Asbestos medical standard and Lead erson physically fit to perform general
	I find the person has the following impairs following accommodations are necessary t	
	I find the person cannot perform the job as	s defined.
Physician's Co	omments: Tdop and Inflerence ded	vege vædner
Physicia	m's signature	/ 6/7/13 Date

Patient Name	EFRAIN COLON-ZAYAS
Position:	SUPERVISOR
Procedures:	General Physical Examination Spirometry test X-Ray U/A CBC
Physician's s	tatement:
The employee : 1910.134(e), and 29 CFR 1926.1	the patient named above. I have also reviewed the results of the test listed above, has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR d undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances 1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this
n	Qualified to use a respirator and comply with Asbestos medical standard and Lead nedical surveillance program. I find the person physically fit to perform general work.
	find the person has the following impairment(s) and have noted where the ollowing accommodations are necessary to perform the job as defined.
I	find the person cannot perform the job as defined.
Physician's Con	nments:
4	2/5/1014
Physician	's signature / Date

e - 200 - 200 miles

Patient Name	ent Name: ISMAEL BONES-DIAZ				
Position: LABOR					
Procedures:		General Physical Examination X-Ray CBC		Spirometry test Lead Blood U/A	
Physician's	stateme	at:			
The employee 1910.134(e), as 29 CFR 1926.	has ansv nd underg 1101, Me	vered Medical E one a Physical E dical Section of	Evaluation Questionn Examination as per C Asbestos Ruling, an	ed the results of the test listed above. aire, Appendix C, OSHA 29 CFR OSHA 29 CFR 1910.134(b)(10) and d Toxic and Hazardous Substances d to Lead exposure. We found this	
	-	-	4 *	sbestos medical standard and Lead physically fit to perform general	
		-		s) and have noted where the form the job as defined.	
	I find the	person cannot pe	erform the job as defi	ined.	
Physician's Co	omments:				
	76000	· ~ ~ ~ ^ 3		c/19/13	
Physicia	m's signat	ure		Date	
		A L			

Patient Name:	JOSE MIGUEL RODRIGUEZ-CORA	
Position:	LABOR	
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A
Physician's stateme	ent:	
The employee has ans 1910.134(e), and under 29 CFR 1926.1101, Mostandard 1910.1025(j)(experson:  Qualified medical work.  I find the	tient named above. I have also reviewed wered Medical Evaluation Questionnai gone a Physical Examination as per OS edical Section of Asbestos Ruling, and 3)(i)(A) to 1910.1025(k)(2)(vii) related to use a respirator and comply with Ast surveillance program. I find the person per person has the following impairment(s) g accommodations are necessary to perform	re, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances to Lead exposure. We found this pestos medical standard and Lead hysically fit to perform general and have noted where the
I find the	e person cannot perform the job as define	ed.
Physician's Comments:	Blood lead les	els elose to
Ellowable ex	youre limit. Exp.	onure should
	myd on anoid	
Physician's signa	iture	6/19/13 Date
	Sarviojos de Salud Industrial	

Patient Name: REINALDO LOPEZ-RODRIGUEZ					
Position:	LABOR	LABOR			
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A			
Physician's state	ment:				
The employee has a 1910.134(e), and unco 29 CFR 1926.1101,	patient named above. I have also reviewed answered Medical Evaluation Questionna dergone a Physical Examination as per Of Medical Section of Asbestos Ruling, and (j)(3)(i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances			
	fied to use a respirator and comply with Asital surveillance program. I find the person p				
	the person has the following impairment(s) ving accommodations are necessary to perfo				
I find	the person cannot perform the job as defin	ed.			
Physician's Commer	nts:				
Physician's sig	gnature	6/19/13 Date			
1255 Paseo Las Monjitas, S	Servicios de Salud Industrial Ste.210, Avenida Tito Castro, Poace, PB 00730-4222 Tel.	(787)-814-6640 Fax (787)-812-0423 sispx.com Rev.10/12 m			

Patient Name:	ELISEO CARABALLO-MARTINEZ	ELISEO CARABALLO-MARTINEZ		
Position:	TECHN.			
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A		
Physician's stat	ement:			
The employee has 1910.134(e), and u 29 CFR 1926.1101	e patient named above. I have also reviewed answered Medical Evaluation Questionna ndergone a Physical Examination as per Od., Medical Section of Asbestos Ruling, and 5(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances		
med	Qualified to use a respirator and comply with Asbestos medical standard and L medical surveillance program. I find the person physically fit to perform generations.			
•	d the person has the following impairment(s) owing accommodations are necessary to perform			
I fin	d the person cannot perform the job as defin	ed.		
Physician's Commo	ents:			
Mr.		7/9/13		
Physician's s	agnature	Date		

Patient Name	e: <u>ANGEL</u>	I. SILVA-GARCIA	
Position:	TECHN	•	
Procedures:	Gen X-R CBO	•	Spirometry test Lead Blood U/A
Physician's	statement:		
The employee 1910.134(e), a 29 CFR 1926.	has answered Me ad undergone a Ph 1101, Medical Sec	edical Evaluation Questi systical Examination as per ction of Asbestos Ruling	iewed the results of the test listed above onnaire, Appendix C, OSHA 29 CFR OSHA 29 CFR 1910.134(b)(10) and and Toxic and Hazardous Substances elated to Lead exposure. We found this
	Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.		
	<b>-</b>	<b>—</b>	ent(s) and have noted where the perform the job as defined.
	I find the person ca	annot perform the job as	defined.
Physician's Co	mments:		
<u> </u>		_	7/9/13
Physicia	n's signature		Date



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MEDICAL RELEASE FORM
Patient Name: Hectu Mon tainez Cintrón
Company Name: Homeca
Examination Date: 5-9-13
The above named patient/employee has undergone a Physical examination and obligatory clinical history as per OSHA 29 CFR 1910.134(b) (10) Respiratory Protection, and was found.
PRECOMMENDED USING THE FOLLOWING RESPIRATOR
Haif Face G SCBA GSAR G PAPR
DOT RECOMMENDED USING RESPIRATOR  GEOMMENTS  The authorized Countries best  Continue
Note: Tobacco smoker have been advised that they incur a substantially greater risk, including increased risk of lung cancer and cardiopulmonary disease if they continue to smoke while working with asbestos.
Physician signature License Number Date

\*The final decision for employment is responsibility of the company who refers the patient and not of Caribbean Medical Testing Center or its employees.



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	A -	EASE FORM	•	
Patient Name: Javiev	Pabon	morales		
Company Name:Hon	neca			
Examination Date:				
The above named patient/employe history as per OSHA 29 CFR 1910				
RECOMMENDED USING THE	FOLLOWING	RESPIRATOR		
o Half Face Full	Face	□ SCBA	□SAR	□ PAPR
DOT RECOMMENDED USING  DECOMMENTS  DECOMMENTS  DECOMMENTS	respirator Jural	getian.	le Carl	To Jos
Note: Tobacco smoker have been a increased risk of lung cancer and ca with asbestos	dvised that they ardiopulmonary	incur a substantially disease if they conti	y greater risk, in inue to smoke w	cluding hile working
(Aw)	~	7219	9	15/2013
Physician signature	Licens	e Number		Date
' /				•
*The final decision for employm and not of Caribb	_	bility of the compar sting Center or its	•	he patient



www.compr.com

MED	ICAL RELEASE F	ORM	
Patient Name: Felix 1.	Valentin (	019	••••
Company Name: Homeca	· · · · · · · · · · · · · · · · · · ·		
Examination Date: 5/50/	//3		
The above named patient/employed history as per OSHA 29 CFR 1910			
**RECOMMENDED USING THE	FOLLOWING RESPIRAT	OR	
☐ Half Face ☐ Full	Face	□SAR	o PAPR
NOT RECOMMENDED USING COMMENTS  THE WO  Adaptital		Contra	Lon.
Note: Tobacco smoker have been ac increased risk of lung cancer and ca with asbestos.			
(All)	7019		9/5/W13
Physician signature	License Number		Date



Caribbean Medical Testing Center & Reference Laboratory PO Box 192071 | San Juan PR 00919-2071 Clemson 300 | University Gardens | Rio Piedras PR 00927

Tel. 787.754.6868 | Fax. 787.274.9280

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# MEDICAL RELEASE FORM

Patient Name: Emmanuel Ramos Maldonado				
Company Name: Homeca				
Examination Date: 5\Se\P\2013				
The above named patient/employee has undergone a Physical examination and obligatory clinical history as per OSHA 29 CFR 1910.134(b) (10) Respiratory Protection, and was found.				
DECOMMENDED USING THE FOLLOWING RESPIRATOR				
D'Half Face D'SCBA DSAR D'PAPR				
DOMMENTS  West Cuticulical  An un Aggresolo				
Note: Tobacco smoker have been advised that they incur a substantially greater risk, including increased risk of lung cancer and cardiopulmonary disease if they continue to smoke while working with asbestos.				
7219 95/2013				
Physician signature License Number Date				

\*The final decision for employment is responsibility of the company who refers the patient and not of Caribbean Medical Testing Center or its employees.



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# **MEDICAL RELEASE FORM**

Patient Name: Santas Phuiz Lahran
Company Name: Hemces
Examination Date: 9-5-13
The above named patient/employee has undergone a Physical examination and obligatory clinical history as per OSHA 29 CFR 1910.134(b) (10) Respiratory Protection, and was found.
RECOMMENDED USING THE FOLLOWING RESPIRATOR
Half Face DFull Face DSCBA DSAR DPAPR
NOT RECOMMENDED USING RESPIRATOR  COMMENTS  The hot herent certification  for use of respirator
Note: Tobacco smoker have been advised that they incur a substantially greater risk, including increased risk of lung cancer and cardiopulmonary disease if they continue to smoke while working with asbestos.
MW) 7319 9/5/2013
Physician signature License Number Date
The final decision for employment is responsibility of the company who refers the patient and not of Caribbean Medical Testing Center or its employees.



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#### MEDICAL RELEASE FORM

Patient Name: Jose E Santtago Delgode
Company Name: Homeca
Examination Date: 5 SePt 2013
The above named patient/employee has undergone a Physical examination and obligatory clinical history as per OSHA 29 CFR 1910.134(b) (10) Respiratory Protection, and was found.
**RECOMMENDED USING THE FOLLOWING RESPIRATOR  **DEPTH COMMENDED USING THE FOLLOWING RESPIRATOR  **DEPHH COMMENDED USING THE FOLLOWING RESPIRATOR USING THE FOLLOWING RESPIRA
□ NOT RECOMMENDED USING RESPIRATOR
Absordon hure on remeton
Cosperatory for use of respection
Note: Tobacco smoker have been advised that they incur a substantially greater risk, including increased risk of lung cancer and cardiopulmonary disease if they continue to smoke while working with asbestos.
7319 9/1/2013
Physician signature License Number Date
Fine final decision for employment is responsibility of the company who refers the patient

and not of Caribbean Medical Testing Center or its employees.

Patient Name:	ALEXIS RIVERA-ROBLES	
Position:	LABOR	
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A
Physician's sta	tement:	
The employee ha 1910.134(e), and 29 CFR 1926.110	he patient named above. I have also reviewed as answered Medical Evaluation Questionna undergone a Physical Examination as per O1, Medical Section of Asbestos Ruling, and 25(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and I Toxic and Hazardous Substances
	alified to use a respirator and comply with As dical surveillance program. I find the person prk.	
	nd the person has the following impairment(s lowing accommodations are necessary to perf	
I fi	nd the person cannot perform the job as defin	ned.
Physician's Comr	nents: Idop and Juft en recommend	and a
<u>n vec n</u>	4 Commen	
87		10/1/15
Physician's	signature	Date'

Patient Name	GEOVANIE GONZALEZ-PERE	Z
Position:	LABOR	
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A
Physician's s	statement:	
The employee 1910.134(e), ar 29 CFR 1926.1	d the patient named above. I have also revies has answered Medical Evaluation Question d undergone a Physical Examination as per 1101, Medical Section of Asbestos Ruling, 1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) rel	onnaire, Appendix C, OSHA 29 CFR OSHA 29 CFR 1910.134(b)(10) and and Toxic and Hazardous Substances
1	Qualified to use a respirator and comply with Asbestos medical standard and I medical surveillance program. I find the person physically fit to perform gener work.	
	I find the person has the following impairment following accommodations are necessary to p	
1	I find the person cannot perform the job as d	lefined.
Physician's Con	mments: 1dep and eng	luenza
<i>\$1.</i>		10/7/12
Physiciar	n's signature	Date

Patient Name	e: JUAN H. LOPEZ-CANDELARIO	
Position:	SUPERVISOR	
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A
Physician's	statement:	
The employee 1910.134(e), as 29 CFR 1926.	ed the patient named above. I have also reviewed has answered Medical Evaluation Questioned undergone a Physical Examination as per Colon, Medical Section of Asbestos Ruling, and 1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related	aire, Appendix C, OSHA 29 CFR OSHA 29 CFR 1910.134(b)(10) and d Toxic and Hazardous Substances
	Qualified to use a respirator and comply with Amedical surveillance program. I find the person work.	
	I find the person has the following impairment(s following accommodations are necessary to per-	
	I find the person cannot perform the job as define	ned.
ent dis influe	cont of her atura e ore follow-up and mya.  The m's signature	MD for flood  evalues - (Top and  10/7/12  Date

Patient Name:	CARLOS J. PIZARRO-SANTOS	
Position:	LABOR	
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A
Physician's stat	tement:	
The employee has 1910.134(e), and u 29 CFR 1926.110	se patient named above. I have also reviewed answered Medical Evaluation Questionna andergone a Physical Examination as per O 1, Medical Section of Asbestos Ruling, and 5(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances
	lified to use a respirator and comply with As lical surveillance program. I find the person p k.	
	nd the person has the following impairment(s) owing accommodations are necessary to perf	
I fir	nd the person cannot perform the job as defin	ed.
Physician's Comm	ents: Tdop and Juft mended	uerze vædnes
Physician's	signature	10/7/13 Date

Patient Nam	ie:	FERDINAND ALVARADO-RODRIO	GUEZ
Position:		LABOR	
Procedures:		General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A
Physician's	stateme	nt:	
The employee 1910.134(e), a 29 CFR 1926	has answand underg .1101, Med	ent named above. I have also reviewed vered Medical Evaluation Questionnal one a Physical Examination as per Oddical Section of Asbestos Ruling, and (i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances
		to use a respirator and comply with Asi arveillance program. I find the person p	
	•	person has the following impairment(s) accommodations are necessary to perfe	
	I find the	person cannot perform the job as defin	ed.
Physician's Co	omments:	Tdop & Influence add.	v accines
<u> </u>			
Dhysiair	an's signatu	170	10/7/13
Filysicia	m s siRiistii	ПС	Date

Patient Nam	e: <u>EUSEBIO FRANCESCHINI-RO</u>	MAN
Position:	LABOR	·
Procedures:	General Physical Examination X-Ray CBC	n Spirometry test Lead Blood U/A
Physician's	statement:	
The employee 1910.134(e), a 29 CFR 1926.	ed the patient named above. I have also review has answered Medical Evaluation Question and undergone a Physical Examination as per 1101, Medical Section of Asbestos Ruling, 0.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) rel	onnaire, Appendix C, OSHA 29 CFR OSHA 29 CFR 1910.134(b)(10) and and Toxic and Hazardous Substances
	Qualified to use a respirator and comply with medical surveillance program. I find the pers work.	
	I find the person has the following impairme following accommodations are necessary to	· • • • • • • • • • • • • • • • • • • •
	I find the person cannot perform the job as d	lefined.
Physician's Co	omments: Tdop and In	Muery en
	n's signature	

Patient Name:	EDERICK J. CAQUIAS-VELAZQUEZ		
Position:	LABOR		
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A	
Physician's stateme	nt:		
The employee has answ 1910.134(e), and underg 29 CFR 1926.1101, Me	ent named above. I have also reviewed wered Medical Evaluation Questionnai gone a Physical Examination as per Ostical Section of Asbestos Ruling, and (i)(i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances	
	to use a respirator and comply with Asl urveillance program. I find the person p		
following	person has the following impairment(s) accommodations are necessary to perform a few of the second	orm the job as defined	
	person cannot perform the job as define		
Physician's Comments:	Must be seen be	suge on for	
,			
Physician's signat	nite		
r nysician s signat	ще	Date	

Patient Name	EMILIO BONET-ECHEVARRIA	
Position:	SUPERVISOR	
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A
Physician's s	statement:	
The employee 1910.134(e), an 29 CFR 1926.1	d the patient named above. I have also review has answered Medical Evaluation Questioned undergone a Physical Examination as per 1101, Medical Section of Asbestos Ruling, at 1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related	naire, Appendix C, OSHA 29 CFR OSHA 29 CFR 1910.134(b)(10) and nd Toxic and Hazardous Substances
	Qualified to use a respirator and comply with Amedical surveillance program. I find the personwork.	
	I find the person has the following impairment following accommodations are necessary to pe	
	I find the person cannot perform the job as def	fined.
Physician's Con Should c Idopon	mments: Using eran sh conjud person of M) about rd influency a væ	wild be rege aled. ut that.
Physician	o's signature	16/7/15 Date

Patient Name	JUAN RODRIGUEZ-RIVERA	
Position:	TECHN.	
Procedures:	General Physical Examination Spirometry test X-Ray Lead Blood CBC U/A	
Physician's s	statement:	
The employee 1910.134(e), an 29 CFR 1926.1 Standard 1910, person:	d the patient named above. I have also reviewed the results of the test listed has answered Medical Evaluation Questionnaire, Appendix C, OSHA and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b) 1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Str. 1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We follow Qualified to use a respirator and comply with Asbestos medical standard and	29 CFR (10) and abstances ound this
•	medical surveillance program. I find the person physically fit to perform ge work.	
	I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined.	; 
	I find the person cannot perform the job as defined.	
Physician's Co	mments:	
5/4	10/7/13	
Physician	n's signature Date	

Patient Name:	DANIEL VARGAS-VILLAR		
Position:	LABOR		
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A	
Physician's stateme	nt:		
The employee has ansi 1910.134(e), and underg 29 CFR 1926.1101, Me	ient named above. I have also reviewed wered Medical Evaluation Questionnal gone a Physical Examination as per Osedical Section of Asbestos Ruling, and B)(i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances	
	alified to use a respirator and comply with Asbestos medical standard and Lead dical surveillance program. I find the person physically fit to perform general rk.		
	person has the following impairment(s) accommodations are necessary to perfe		
I find the	person cannot perform the job as defin	ed.	
Physician's Comments:	Top and suff	luenya lod,	
87wl	•	10/5/13	
Physician's signat	ture	Date	

Patient Name:	OSVALDO FELICIANO-RUIZ	
Position:	LABOR	
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A
Physician's st	eatement:	
The employee h 1910.134(e), and 29 CFR 1926.11	the patient named above. I have also reviewed as answered Medical Evaluation Questionnal undergone a Physical Examination as per Clo1, Medical Section of Asbestos Ruling, and 025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related	aire, Appendix C, OSHA 29 CFR OSHA 29 CFR 1910.134(b)(10) and d Toxic and Hazardous Substances
m	qualified to use a respirator and comply with Asterical surveillance program. I find the person work.	
	find the person has the following impairment(sollowing accommodations are necessary to person	
I:	find the person cannot perform the job as defin	ned.
Physician's Com	en recommend	lienza
Physician'	s signature	1 9/7/13 Date

Patient Name:	HARRIS MORALES-SANTIAGO	
Position:	SUPERVISOR	
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A
Physician's stater	nent:	
The employee has a 1910.134(e), and und 29 CFR 1926.1101, 1	patient named above. I have also reviewed inswered Medical Evaluation Questionnal ergone a Physical Examination as per Off Medical Section of Asbestos Ruling, and (1)(3)(i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances
	ied to use a respirator and comply with Asial surveillance program. I find the person p	
	the person has the following impairment(s) ing accommodations are necessary to perform	
I find t	he person cannot perform the job as defin	ed.
Physician's Comment flood pro voecines	s: Should see perso sure control, To recommended	top and suffrage
Physician's sig	nature	

Patient Name:	JORGE L. TORRES-MATO	os
Position:	LABOR	
Procedures:	General Physical Exami X-Ray CBC	nation Spirometry test Lead Blood U/A
Physician's st	tatement:	
The employee I 1910.134(e), and 29 CFR 1926.13	has answered Medical Evaluation Q d undergone a Physical Examination 101, Medical Section of Asbestos R	o reviewed the results of the test listed above ruestionnaire, Appendix C, OSHA 29 CFR as per OSHA 29 CFR 1910.134(b)(10) and uling, and Toxic and Hazardous Substances ii) related to Lead exposure. We found this
n		y with Asbestos medical standard and Lead e person physically fit to perform general
	find the person has the following impollowing accommodations are necessary	
I	find the person cannot perform the jo	b as defined.
Physician's Com	ments: Tdop and	influenya ando
	Tad	10/4/15
Physician'	's signature	/Date

Patient Nam	e: JORGE E. VELAZQUEZ-IRIZARRY	
Position:	LABOR	
Procedures:	General Physical Examination Spirometry test X-Ray Lead Blood CBC U/A	
Physician's	statement:	
The employee 1910.134(e), a 29 CFR 1926.	ed the patient named above. I have also reviewed the results of the test listed above. I has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances 0.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this	
	Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.	
	I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined.	
	I find the person cannot perform the job as defined.	
Physician's Co Shawld Penson	continue D'abeles care with	r N
Physicia	in's signature Date	

Patient Nar	ne:	PEDRO O. ROBLES-LE	DEY	
Position:		LABOR		
Procedures	•	General Physical Exa X-Ray CBC	mination	Spirometry test U/A
Physician's	s statemer	nt:		
The employe 1910.134(e), 29 CFR 192	ee has answ and undergo 6.1101, Med	vered Medical Evaluation one a Physical Examination dical Section of Asbestos	Questionnaire, on as per OSH Ruling, and To	e results of the test listed above. Appendix C, OSHA 29 CFR A 29 CFR 1910.134(b)(10) and oxic and Hazardous Substances Lead exposure. We found this
				stos medical standard and Lead sically fit to perform general
	-	person has the following in accommodations are nece		
	I find the	person cannot perform the	e job as defined.	
Physician's (	Comments:_			
Rhysic	ian's signat	JITE ITE		2/5/2014 Date
7				— <del>— —</del>

Patient Name:	ANEUDY BERRIOS-RODRIGUEZ	
Position:	LABOR	
Procedures:	General Physical Examination X-Ray CBC	Spirometry test U/A
Physician's staten	nent:	
The employee has an 1910.134(e), and unde 29 CFR 1926.1101, M	natient named above. I have also reviewed inswered Medical Evaluation Questionnai ergone a Physical Examination as per Of Medical Section of Asbestos Ruling, and (3)(i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances
	ed to use a respirator and comply with Asl I surveillance program. I find the person p	
	he person has the following impairment(s) ng accommodations are necessary to perfo	
I find the	he person cannot perform the job as define	ed.
Physician's Comment	s:	
Physician's sign	20	2/5/2014

Patient Name	e:	JULIO MELENDEZ	-MIRANDA	
Position:		OPERATOR		· · · · · · · · · · · · · · · · · · ·
Procedures:		General Physica X-Ray CBC	l Examination	Spirometry test U/A
Physician's	stateme	nt:		
The employee 1910.134(e), a 29 CFR 1926.	has ansv nd underg 1101, Me	vered Medical Evalu- cone a Physical Exam dical Section of Asb	ation Questionnaire ination as per OSH estos Ruling, and T	ne results of the test listed above, Appendix C, OSHA 29 CFR IA 29 CFR 1910.134(b)(10) and oxic and Hazardous Substances Lead exposure. We found this
_	•	<del>-</del>	<b>-</b> -	stos medical standard and Lead sically fit to perform general
		person has the follow accommodations are		nd have noted where the n the job as defined.
	I find the	person cannot perform	m the job as defined	
Physician's Co	omments:_			·
Physicia	m's signat	Qure ure		2 / 5 /2049 Date
7				

Patient Name	: ISMAEL BONES-DIAZ	
Position:	LABOR	
Procedures:	General Physical Examina X-Ray CBC	Lead Blood U/A
Physician's	statement:	
The employee 1910.134(e), at 29 CFR 1926. Standard 1910 person:	has answered Medical Evaluation Quand undergone a Physical Examination as 1101, Medical Section of Asbestos Ruli. 1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii)  Qualified to use a respirator and comply	eviewed the results of the test listed above estionnaire, Appendix C, OSHA 29 CFR per OSHA 29 CFR 1910.134(b)(10) and ing, and Toxic and Hazardous Substances related to Lead exposure. We found this with Asbestos medical standard and Lead
	medical surveillance program. I find the work.	person physically fit to perform general
	I find the person has the following impair following accommodations are necessary	
<del></del>	I find the person cannot perform the job	as defined.
Physician's Co	mments:	
	1.6 mm -d	c/19/13
Physicia	n's signature	Date
• ••		

Patient Name:	REINALDO LOPEZ-RODRIGUEZ	
Position:	LABOR	
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A
Physician's state	nent:	
The employee has a 1910.134(e), and und 29 CFR 1926.1101,	patient named above. I have also reviewed inswered Medical Evaluation Questionnal lergone a Physical Examination as per Off Medical Section of Asbestos Ruling, and i)(3)(i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and Toxic and Hazardous Substances
Qualif medic work.	ied to use a respirator and comply with As al surveillance program. I find the person p	bestos medical standard and Lead shysically fit to perform general
I find follow	the person has the following impairment(s) ing accommodations are necessary to perform	and have noted where the orm the job as defined.
I find	the person cannot perform the job as defin	ed.
Physician's Commen	is:	
Physician's sig		6/19/13 Date
1255 Paseo Las Monjitas, St	Servicios de Salud Industrial 22.210, Avenida Tito Castro, Ponce, PR 00730-4222 Tel.	(787)-844-6640 Fax (787)-812-0423 sispr.com Rev.10/12 to OSS1

Patient Nam	ELISEO CARABALLO-MARTINEZ		
Position:	TECHN.		
Procedures:	General Physical Examination Spirometry test X-Ray Lead Blood CBC U/A		
Physician's	tatement:		
The employee 1910.134(e), a 29 CFR 1926.	d the patient named above. I have also reviewed the results of the test listed above has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFI and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substance 1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this		
	ified to use a respirator and comply with Asbestos medical standard and Lead ical surveillance program. I find the person physically fit to perform general c.		
	nd the person has the following impairment(s) and have noted where the lowing accommodations are necessary to perform the job as defined.		
	find the person cannot perform the job as defined.		
Physician's Co	: mments:		
	· · · · · · · · · · · · · · · · · · ·		
	7/9/13		
Physicia	n's signature Date		

Patient Name:	ALEXIS RIVERA-ROBLES	
Position:	LABOR	
Procedures:	General Physical Examination X-Ray CBC	Spirometry test Lead Blood U/A
Physician's sta	tement:	
The employee ha 1910.134(e), and 29 CFR 1926.110	he patient named above. I have also reviewed as answered Medical Evaluation Questionna undergone a Physical Examination as per O1, Medical Section of Asbestos Ruling, and 25(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related	ire, Appendix C, OSHA 29 CFR SHA 29 CFR 1910.134(b)(10) and I Toxic and Hazardous Substances
	alified to use a respirator and comply with As dical surveillance program. I find the person prk.	
	nd the person has the following impairment(s) lowing accommodations are necessary to perf	
I fi	nd the person cannot perform the job as defin	ed.
Physician's Comr	nents: Idop and Jufle	unga Od.
Physician's	signature	/0/3/15 Date